Please type or p	rint all informati	ion. F	Please read instructions on reverse,	<u> </u>												
	U	nvironmental Protection Age	Name and Address of Reporting Agency													
		Office of Drinking Water	United States Environmental Protection Agency													
			_		1650 Arch Street											
FDA	A Number of Individual Permit Issued (One well) Issued Issued (Mittiglian) Permit Islased (Mittiglian) Issued Issued Issued (One well) Issued Issued Issued (One well) Issued Issued Issued (One well) Issued Issued Issued (Mittiglian) Issued Issued Issued (One well) Issued Issued Issued (See Babove) Permit Notlission E Number of Permit Denied/Mithdrawn (after complete technical review) Mumber of Remits Denied/Mithdrawn (after complete technical review) Mumber of Wells in Area Permits (Wells Deficient Denied/Mithdrawn (after complete technical review) Mumber of Rule-Authorized (Wells Deficient Denied/Mithdrawn (after complete technical review) Mumber of Rule-Authorized (Wells Deficient Denied/Mithdrawn (after complete technical review) Mumber of Rule-Authorized (Wells Deficient Denied/Mithdrawn (after complete technical review) Mumber of Rule-Authorized (Wells Deficient Denied/Mithdrawn (after complete technical review) Mumber of Rule-Authorized (Wells Deficient Denied Mithdrawn (after complete Review) Mumber of Rule-Authorized (Wells Deficient Denied Mithdrawn (after complete Review) Mumber of Rule-Authorized (Wells Deficient Denied Mithdrawn (after complete Review) Mumber of Rule-Authorized (Wells Deficient Denied Mithdrawn (after complete Review) Mumber of Rule-Authorized (Wells Deficient Denied Mithdrawn (after complete Review) Mumber of Rule-Authorized (Wells Deficient Denied Mithdrawn (after complete Review) Mumber of Rule-Authorized (Wells Deficient Denied Mithdrawn (after complete Review) Mumber of Rule-Author	1	Philade	Iphia, PA	19103-	3-2029										
EPA																
	•			100/			Pe	ennsyl	vania	a - UIC						
				Ar.												
	thos	•														
II. Date Prepare	ed une a				IV. Rec	ortina Pe	riod (mor	nth. vear)								
(month, day, yea		, , , , , , , , , , , , , , , , , , , ,														
11/17/2008		Kara	n D. Johnson, 215,814,5445		Octob	or 1 20	107			30	-Sen-08					
		Naici	11 D. 301113011 213-014-3443		OCIOL			Type of I	niection		-оср-оо					
			27					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T IJOONOT	T	T					
			Item		1 1	SWD		НС	101	l _{IV}	Ιv					
e .			×						1007	,,,	'					
V. Permit	North and S Day		- Parking Dankard		†	+										
Application	Number of Per	mit Aļ	pplications Received	To			1									
			Number of Individual													
		Α			+											
			(One well)	- T												
			Number of Area Permits Issued*	New			1									
		В		vveli Fleid	+		_				-					
VI. Permit Determination	Issued		(*See instructions on back)				1									
				New												
		<u></u>	Number of Wells in Area Permits													
84	1	Ŭ	(See B above)													
		_				-										
		D		awn												
3		Number of Area Permits Issued* (Multiple wells) (*See instructions on back) C Number of Wells in Area Permits (See B above) Number of Wells in Area Permits (See B above) Number of Permits Denied/Withdrawn (after complete technical review) diffication ssued E Number of Major Permit Modifications Approved Wells Number of Rule-Authorized s II Wells Reviewed Wells Deficient Abandoned Wells Wells Deficient Abandoned Wells		+	-											
		E	Number of Major Permit Modificati	ons Approved												
VII.		-						-								
Permit	Trained of real of taction and										44					
Permit File	Class II Wells I	Revie	wed													
Review			,													
		Α			-					-						
	Reviewed		III Alea of Review	I. Name and Address of Reporting Agency United States Environmental Protection Agency 1650 Arch Street 1650 Arch Street Philadelphia, PA 19103-2029												
	Wells				 					 						
	20 (120)	_	Number of Wells Identified	and the second s												
VIII.	for	В	for Corrective Action	Other	1											
Area of	C/A			Wells												
Review																
(AOR)																
	Wells															
		С			-	_										
	C/A															
									- 1							
IX. Remarks/Ad	Hoc Report (A	ttach a	additional sheets if necessary)													
		_		Certification												
			ade on this form and all atachments	thereto are true		, and com	nplete. I a	acknowle	dge that	any knowin	gly false					
Signature and T	wood or Drinted	Nor	o and Title of Barson Completing Co	orm.				Dete		Talaat	No					
_			· -	ווות					/2008							

Please type or pri	nt all information	n. P	lease read inst	ructions on reverse.										
		U.S		al Protection Agency				porting Ag						
				rinking Water n, DC 20460				ntal Prote	ction Age	∍ncy				
		- 1		Reporting System		ch Street		020						
EPA	Б			liance Evaluation	Philadei	phia, PA	19103-20	2029						
		(This informatio	n is solicited under			Penns	sylvan	ia- Ul	C				
	tř	ne au	uthority of the S	afe Drinking Water Act)										
II. Date Prepared		111.	State Contact i	name , telephone no.)	IV. Rep	orting Per	iod <i>(mont</i>	h, year)						
(month, day, year)				From			То						
11/17/2	2008	Kar	en D. Johnson,	215-814-5445	Octob	er 1, 20				er 30, 20	800			
						C		Type of Inj	ection We	ells				
			Item		_				ł	_{IV}	l _v			
					1	SWD 2	ER 2R	HC 2H	III	"	'			
	Total Wells	А	Number of Wo	ells with Violations 33 wells-MI, 8 wel		0	41	211	1		52			
			1. Number of											
V.			Injection Viola	Mechanical Integrity Violations			0.4							
Summary of				Operation and			34							
Violations	Total	В	Maintenance '											
	Violations -	-	4. Number of											
				ment Violations Monitoring and		-								
			Reporting Vio	_			2			*				
				Other Violations										
		-	(Specify) Cla							-	52			
	Total Wells	Α	Number of We Enforcement				38				42			
			1. Number of	Notices of Violation 30 wells			31				52 42 42 0			
3			2. Number of	Consent Agreements										
VI. Summary			3. Number of	Administrative Orders 8 wells			2				0			
of Enforcement	Total Enforcement	В	4. Number of Civil Referrals											
Linorcement	Actions		5. Number of Criminal Referrals											
			6. Number of		=:									
			7. Number of											
			Number of Other Enforcement Actions (Specify)											
VII. Summary	Number of We	lls		A. This Quarter					1		84			
of Compliance	Returned to Co	ompl	iance	B. This Year 14 MI-wells, 15 M & R wells			29							
VIII. Contamination	Number of Cas	ses o	of Alleged Cont	amination of USDW										
IX. MIT Resolved	Percent of MIT	Viol	lations Resolve	d in 90 Days			38							
X. Remarks/Ad F	loc Report (Atta	ich a	dditional sheet	s)										
I certify that the st	tatements I have	e ma	nde on this form	Certification and all atachments thereto are true,	accurate.	and com	olete. I ac	cknowleda	e that an					
knowingly false or	misleading sta	teme	ent may be pun	ishable by fine or imprisonment or bot erson Completing Form			law.	Date		Phone N	lo.			
Rosalind Moore,								11/17	/2008	(215) 814				

Certification

(Specify)

A. This Quarter

B. This Year

I certify that the statements I have made on this form and all atachments thereto are true, accurate, and complete.	I acknowledge that any knowingly false of
misleading statement may be punishable by fine or imprisonment or both under applicable law.	

Against SNC Violations

Signature and Typed or Printed Name and Title of Person Completing Form	Date	Phone
Rosalind Moore, Environmental Protection Assistant	11/17/2008	(215) 814-3252

VII.

Summary

of

Compliance VIII.

Contamination

IX.

Well Closure

Number of Wells in SNC

Returned to Compliance

Class IV/Endangering Class V

Well Closures

Number of Cases of Alleged Contamination of USDW

Involuntary Well Closure - MVWDW's

Voluntary Well Closure

55

Please type o	r print all infor		ase read instructions on reverse.	A ~ ~ ~ ~ ·		II Name	and Addr	ess of Re	enorting A	nency						
		0.8	6. Environmental Protection	I. Name and Address of Reporting Agency United States Environmental Protection Agency												
<u> </u>			Office of Drinking Water		rch Street		itai i rote	ction Ag	Siloy							
₩ EPA			Washington, DC 20460 UIC Federal Reporting Syst			Philadelphia, PA 19103-2029										
EFA			Part III: Inspections	GIII												
		(1	This information is solicited t	ınder				Pe	ennsyl	vania	- UIC					
			thority of the Safe Drinking \													
II. Date Prepa	ared		ontact (name, telephone no.)			IV. Rep	orting Peri	od (mont	h, year)							
						Octob	er 1, 20	07	9/30/200	8						
11/17/2008		Karen D.	Johnson, (215) 814-5445													
							Cla		Type of Inj	ection We	∍lls					
			Item			1	SWD	II ER	НС	Ш	l _{IV}	l v				
							2	2R	2H	1000		`				
	Total Wells	I A	Number of We	ells Inspected			2	275		1		299				
			Number of Mechanical Integr	ity Tests												
		10	(MIT) Witnessed	*			4	270		0		0				
V. Summary			Number of Emergency Response Inspection				0	0		0		0				
of	Total Inspections	В	3. Number of Well													
Inspections			Constructions Witnessed									0				
			4. Number of Well		0	12		1		₀						
			5. Number of Routine/Periodic	Pluggings Witnessed								\vdash				
			Inspections		5	256		1		913						
		A	Number of Wells Tested or Eval													
	Total	^	for Mechanical Integrity (MI)	-	4	270										
	Wells	В	No. of Rule-Authorized Wells	Passed 2-pa	rt test		0	74								
			Tested/Evaluated for MI	Failed 2-part	test		0	8								
	For Significant Leak	С	Number of Annulus Pressure		Well Passed				4							
			Monitoring Record Evaluations		Well Failed											
			2. No. of Casing/		Well Passed											
			Tubing Pressure Tests		Well Failed	_	4	192								
VI			O. N I a sefficient			+	0	11	_							
Summary			Number of Monitoring Record Evaluations	Well Passed Well Failed		_	- 0					-				
of Mechanical						-	-	7.4	-			-				
Integrity			 No. of Other Significant Leak Tests/Evaluations (Specify 	d	Well Passed	-	-	74 8								
(MI)					Well Failed	-			_							
			1 Number of Cement Record Evaluations		Well Passed	-	4	192 11	_							
		D			Well Failed		<u> </u>	11	-			-				
	For		Number of Temperature/ Noise Log Tests		Well Passed	-	-									
			Noise Edg Tests		Well Failed	-										
	Migration		3. No. of Radioactive Tracer/		Well Passed					_						
			Cement Bond Tests	Well Failed	-						-					
			4. No. of Other Fluid Migration		Well Passed	_		74			_					
			Tests/Evaluations (Specify) Well Failed					8								
	Total Wells	A	Number of Wells with Remedial Action		25											
Total Wells		Number of Casing Repaired/ Squeeze Cement Remedial Acti	ons													
Summary			Number of Tubing/Packer													
of Remedial	Total Remedial	В	Remedial Actions													
Action	Actions		Number of Plugging/Abandor Remedial Actions													
			Number of Other Remedial A (Specify)													
VIII. Remark	s/Ad Hoc Rep	ort (Attach ad	dditional sheets)													
				Certificati												
statement ma	y be punishab	le by fine or	on this form and all atachments the imprisonment or both under applica	ble law.	accurate, and c	omplete.	I acknowle	edge that	any know	ingly false	e or misle	ading				
Signature and	Typed or Prir	nted Name a	nd Title of Person Completing Form	13					Date		Phone N					
Rosalind Mo	ore. Environn	nental Prote	ection Assistant						11/17	/2008	(215)8	14-3252				



U.S. Environmental Protection Agency
Office of Drinking Water
Washington, DC 20460
UIC Federal Reporting System
Part IV: Quarterly Exceptions List

Form Approved OMB No. 2040-0042

Date

11/17/2008

(This information is solicited under the authority of the Safe Drinking Water Act)

 I. Reporting Period
 To

 From
 1-Oct-07
 30-Sep-08

Phone No.

(2150814-3252

			V.		mary							VI.	Summ	ary of	Enfo	ceme	nt			
					Mark	('X')	Viol	<u>ation</u>	Тур	е			M	ark ('X	(') Enf	orcem		/pe		1
II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	Date of Violation	Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Date of Enforcement	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	VII. Date Compliance Achieved
	Pennsylvania -UIC																			
	No Activity This Fiscal Year			_				_					V							
															_					
					-											_	_		-	
				H																
																	_			
											5									
						ertifi	ootic													
certify that th	e statements I have made on this form	and all attachm	ents thereto	are t					com	nlete	Lacknowledg	e that	any k	nowli	naly fa	alse or	misla	adino	state	ment may be

Signature of Person Completing Form

punishable by fine or imprisonment or both under applicable law.

Rosalind Moore, Environmental Protection Assistant

Typed or Printed Name and Title